

# Shasta School of Cosmetology

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**PLEASE NOTE: Interested students must be a current junior going into their senior year of high school AND currently enrolled in an ROP-approved school.**

## ROP COSMETOLOGY ADMISSIONS CHECKLIST AND APPLICATION

STUDENT NAME \_\_\_\_\_

CLASS INTERESTED IN ROP-COSMETOLOGY

CLASS START DATE JUNE 20, 2017 PHONE NUMBER \_\_\_\_\_

HIGH SCHOOL YOU ARE CURRENTLY ATTENDING \_\_\_\_\_

- 1. On or after APRIL 1<sup>ST</sup> –Fill out this High School ROP Application (It is also available on our website to print and fill out.) Deadline to turn in your package to Shasta School of Cosmetology Administration Office is Friday, April 28, 2017.**
- 2. Bring to Shasta School of Cosmetology the following:**
  - FILLED OUT APPLICATION (attached)
  - A LETTER (on your high school letterhead) FROM YOUR SCHOOL COUNSELOR STATING THAT YOU ARE: **(1) ATTENDING THAT SCHOOL, (2) ARE IN GOOD STANDING, AND (3) ELIGIBLE TO PARTICIPATE IN THE ROP COSMETOLOGY PROGRAM.**
  - HIGH SCHOOL TRANSCRIPTS
  - HIGH SCHOOL ATTENDANCE RECORDS
  - CC: SOCIAL SECURITY CARD (original only)
  - CC: DRIVERS LICENSE OR BIRTH CERTIFICATE (original only)

Office hours are Tuesday – Friday 8:30a – 5:00p

- 3. When you drop off your application information, we will then assign you a Saturday (to be announced) for a mandatory interview/information session and placement test. It is also **MANDATORY** that the parent/legal guardian of the student accompany them to the interview/information session. Parents/guardians do not have to stay for the placement test.**

# Shasta School of Cosmetology

Revised 03-20-2017

## Personal and Confidential Information

**To be completed by the student**

Date: \_\_\_\_\_

This is a confidential questionnaire and represents no obligation on your part or ours. Your answers to the following questions will assist us in determining your aptitude for the specified training.

**(PLEASE PRINT)**

Course applying for:

**Cosmetology - ROP**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Maiden Name \_\_\_\_\_ Spouse's First \_\_\_\_\_ MI \_\_\_\_\_

Social Security# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Entry Date \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Citizen \_\_\_\_\_ Nationality \_\_\_\_\_

Home Phone \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ Dependents \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

May we contact you by Email? YES \_\_\_\_\_ NO \_\_\_\_\_ Email Address \_\_\_\_\_

Will you be living with your parent(s) while in attendance at Shasta School of Cosmetology?  Yes  No

Highest Grade Completed: \_\_\_\_\_

Have you ever attended College?  Yes  No Degree? N/A

ARE YOU NOW OR HAVE YOU EVER ATTENDED: N/A -Not Applicable to High School Students

COSMETOLOGY SCHOOL?

ESTHETICIAN SCHOOL?

MANICURING SCHOOL?

INSTRUCTOR TRAINING SCHOOL?

Parents'/Guardians' Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Parents Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer's Telephone \_\_\_\_\_

**Brothers and Sisters over 18 not living at home** (List married name of sisters):

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

**Personal References:**

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

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Do you have any physical condition which may limit your ability to perform the training applied for?

Please explain \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, FELONY, OR MISDEMEANOR (OR ENTERED A PLEA OF 'NOLO CONTENDERE') OTHER THAN A MINOR TRAFFIC VIOLATION? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

*If answered YES, please list each conviction of application each conviction: (a) actual crime for which convicted, (b) date of conviction, (c) city/county in which convicted, and (d) sentence received*

I UNDERSTAND THAT I MUST SUPPLY SHASTA SCHOOL OF COSMETOLOGY A COPY OF ONE OF THE FOLLOWING PRIOR TO STARTING CLASS: HIGH SCHOOL DIPLOMA OR GED (OR EQUIVALENT). **HIGH SCHOOL STUDENTS MUST SUPPLY PROOF OF HIGH SCHOOL ENROLLMENT PRIOR TO STARTING CLASS.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## **Receipt of School Catalog Acknowledgment**

It is the policy of Shasta School of Cosmetology that every potential and attending student receives our school catalog—in print or electronically—that contains curriculum information and school policies and procedures.

I understand and acknowledge that a copy of Shasta School of Cosmetology's school catalog—in print or electronically—has been made available to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Crime Statistics Report Acknowledgment**

Please Initial: \_\_\_\_\_ Shasta School of Cosmetology has made available our current Crime Statistic Report upon request and on our school website.

## **Retention of Records Acknowledgment**

Please Initial: \_\_\_\_\_ Any records for potential students who decide not to attend will be retained for period of 1 year; and after that, records will be destroyed.

## **High School Transfer Acknowledgment**

**Please initial:** \_\_\_\_\_ I understand that if I have transferred **out** of the Shasta Union High School District **into a school approved through ROP** for the purpose of getting into the ROP Cosmetology program that there is no guarantee I will be approved for admissions into the Cosmetology program at Shasta School of Cosmetology.

Revised March 20, 2017